

### **GENERAL TITLE X QUESTIONS**

#### **What are Family Planning Services?**

Family Planning services include contraceptive services, pregnancy testing with counseling, sexually transmitted disease testing with pregnancy prevention counseling, referrals for basic infertility services or sterilizations, and preconception health services. Family Planning services are provided to both females and males.

#### **Definition of Hybrid services for family planning?**

Hybrid model agencies most often are local health departments that chose, based on community local needs assessment, to offer limited amount of services or offers full service to a limited population (teens only, or uninsured only). There is a variety of models, and most often is when a local health department continues to offer pregnancy testing and counseling or referral, sexually transmitted disease testing with pregnancy prevention counseling, condoms for pregnancy prevention, and may choose to offer emergency contraception; but no longer offer a broad range of contraceptives.

#### **Who may perform counseling to pregnant clients?**

APRNs may perform counseling to clients with positive results pregnancy tests. RNs may perform counseling to clients with negative results on pregnancy tests.

#### **Would you consider a male patient presenting for STI testing a family planning client?**

Possibly. If the agency assessed the reproductive health (sexual activity, number of partners, type of sexual activity within last 60 days, any history of STDs, use of condoms) and provided condoms for pregnancy prevention, then the male patient would be considered a family planning client. Condoms can be provided with the education that condoms are a reliable method of contraception and prevention of STIs. Once the teaching includes ‘pregnancy prevention’, the patient is considered a family planning client.

#### **Is the family planning program grant only used for patients without insurance?**

No. Family planning clients who do not have contraceptive service coverage with their employer-sponsored insurance are treated as uninsured for any family planning – related services. This would also include “no home contact” clients, such as teens who do not want their guardians to know they are at a family planning visit, or a woman who is in a domestic violence situation regardless of income.

#### **What is the definition of under-insured?**

Family planning clients who do not have contraceptive service coverage with their employer-sponsored insurance are treated as uninsured/under-insured for any family planning related services.

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**If an individual receives gynecological or related preventive health services (e.g., pelvic exam, pap test, pregnancy test, STD screening) at a Title X-funded service site, but does not receive counseling, education, or clinical services aimed at avoiding unintended pregnancy or achieving intended pregnancy, is the encounter a family planning encounter? Is the client a family planning user?**

If the individual is an ongoing family planning user who visits the service site to obtain any type of family planning or related preventive health services, the encounter is considered a family planning encounter, and the client is considered a family planning user. If a client of reproductive age is sterilized under the service site's Title X-funded project or is an ongoing Title X user who was sterilized elsewhere but continues to receive gynecological or related preventive health services from the site, the encounter is considered a family planning encounter and the agency may continue to count the client as a family planning user. If a post-menopausal client obtains gynecological or related preventive health services, the encounter is not a family planning encounter and the client is not a family planning user. If a client is not an ongoing family planning user and obtains a service that does not include counseling, education, or clinical services related to achieving intended pregnancy or avoiding unintended pregnancy, the encounter is not a family planning encounter and the client is not a family planning user.

### **MULTIVITAMINS**

Local health departments have always provided vitamins from the Tobacco Settlement Funds which has now ended. LHDs no longer receive any reimbursement for multivitamins or prenatal vitamins.

**Are local health departments required to provide vitamins?**

Local health departments are not required to provide vitamins. However, pregnancy counseling should include nutrition counseling and folic acid counseling, and can include encouragement of prenatal vitamins.

### **TRAINING**

**What are the required trainings?**

Required trainings can be found on the Kentucky Family Planning [\*\*Training Calendar\*\*](#)

### **QA/QI REVIEW TOOL**

**What is the purpose of the QA Review Tool?**

The review tool should serve as a self-assessment tool for sub recipients, and as a monitoring tool for the Kentucky Family Planning Program.

Meeting the standards on the review tool will ensure compliance with Title X regulations, statutes, and standards of care.

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**Our agency only provides limited services to our community. Are we required to submit a program review tool each year?**

Yes. The review tool is required each year by each sub recipient service site, regardless of the level of funding or family planning services provided.

**How often do we submit the Program Review Tool?**

Each sub recipient will submit the review tool once a calendar year, with the exception of the year that a site visit is conducted. In the year the site visit is conducted, the site visit will take place of the agency's review.

**When is the QA Review Tool due each year?**

The review tool, including any required compliance action plan, must be submitted by December 31<sup>st</sup> of each calendar year.

**Can we submit the QA Review Tool anytime throughout the calendar year, or only in December?**

The review tool can be submitted anytime throughout the calendar year. There should be at least 6 months and no more than 15 months between each submission. It must be submitted each calendar year.

**We just submitted a review tool for last calendar year in December 2020. Can we use the same review for 2021?**

No. There must be a minimum of six months between submissions. Each review tool should stand alone. If you submitted a review tool in December, the next review tool submission should occur between June and December 2021.

**Who is responsible for completion of the QA Review Tool?**

The review tool may be completed by anyone designated by the sub recipient.

**Where can I obtain the most up-to-date version of the QA Review Tool?**

Instructions and the review tool can be found on the website created for you agency.

Local Health Departments can find their tool at Kentucky Family Planning Website: [Local Health Departments](#)

FQHCs and all other Family Planning providers can find their tool at Kentucky Family Planning Website: [Other Providers](#)

**If my clinic has been closed due to COVID-19 and I have no charts to review since my last QA Review tool submission, what is the process?**

In order for the Family Planning Program to provide accurate oversight, the requested number of charts are needed. If the required number of charts are not met, there are 2 choices: 1) A CAP will be appropriate and the agency will need to address what action will be implemented to resume services. 2) An agency can hold the QA Review tool until the required number of charts are met to review and then submit up until December 31, 2021.

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### **What is the CAP mentioned on the review tool?**

Upon completion of the QA Review Tool, a compliance action plan (CAP) will be completed for any area out of compliance within 30 days of receipt of the annual review report. The CAP will include a corrective action plan for each area, including the person(s) responsible and implementation date.

### **Part of the QA Review Tool requires agencies to have a computer safety and security training policy. Do local health departments have a policy?**

Yes, The DPH and LHDs shall follow the guidelines established by COT concerning standard procedures and security passwords as noted in the AR (Administrative Reference for LHD). Also noted in the AR, LHDs must create internal policies and procedures, using COT standards as a guideline.

## **SURVEYS**

### **Is an annual patient satisfaction survey required?**

No, an annual patient satisfaction survey is not required. For local health departments, the Administrative Reference recommends an annual patient satisfaction survey. Sample surveys are provided on the Nursing Office website.

### **Is a patient satisfaction survey required of family planning patients?**

The only time a patient satisfaction survey is required will be part of the site visit. An agency will complete one patient satisfaction survey with the site visit. The survey will take the place of the direct observation of a family planning visit to ensure patient dignity, privacy, safety, and confidentiality are maintained.

## **INFORMATION AND EDUCATION (I&E) ADVISORY COMMITTEE**

### **What is the purpose of the I&E committee?**

The purpose of the I&E committee is to review and approve informational and educational materials.

### **What is the purpose of the CPC committee?**

To provide an opportunity for community participation, education, and to promote the activities of the FPP.

### **We have existing meetings that have diverse population. Can we use the same group to comply with the requirement?**

Yes.

Example: You have an existing meeting with members. It is appropriate to make the first 20 minutes of an existing meeting to set aside time to review new (or changed) materials. The caveats are as follows:

- If the agency is providing family planning services to adolescents or a large population of Amish, then you may want to have representative of adolescent and/or Amish to attend the first 20 minutes of the existing meeting. Having representatives of population served to review

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materials meets the Title X requirements. Remember: only submit minutes for the I&E (not the entire meeting).

- Clinical staff should not count as a member of I&E/CPC committee, but should facilitate, document the meeting, and submit minutes.
- Medical review should be done before I&E meeting by clinic staff to check for accuracy and if information is up to date.

### **How many members should participate on the I&E committee?**

The committee should have a minimum of 5 members at each meeting.

### **Can clinical staff be members on the I&E committee?**

No, clinical staff do not serve as members of the I&E committee.

### **Who should be members on the committee?**

The members should represent your client population. For instance, if your client population includes adolescents, an adolescent member should be considered to serve on the committee.

### **Should the minutes include names of those present at the committee meeting?**

Yes, it is important to identify all members present

### **Can we hold virtual meetings or must they all be in-person?**

I&E meetings may be virtual.

### **What items should be reviewed during the I&E meeting?**

During the first meeting, any material provided to your clients that pertain to family planning should be reviewed, such as the FPEM19. After the first meeting, only review new or changed materials pertaining to family planning.

### **Are there Family Planning Program required STD patient information handouts?**

The FPEM 19 you received at the end of 2020 would need to be reviewed, along with any new STD information (for example, handouts from CDC) you are currently giving out and/or that you feel may be out-of-date.

### **If an agency is only providing STD services is it still required to have the annual I&E/CPC meeting?**

Yes, anyone receiving funds from Title X/FPP is required to have an I&E/CPC meeting. You would review new STD materials you give patients and/or educational materials for pregnancy testing. Also remember to include community participation.

### **What format should be used for minutes?**

You may use any format you desire. We have simplified the 21-page toolkit into a one page [I&E Reference Guide](#) without losing any of the information. There are several templates on the one page reference.

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### **When are minutes from I&E meetings submitted?**

Minutes should be submitted prior to June 30<sup>th</sup> of each calendar year.

### **How do we submit the minutes for I&E meetings?**

The minutes should be submitted to [FamilyPlanning@ky.gov](mailto:FamilyPlanning@ky.gov).

If CPC and I&E meetings are combined, be sure to include ways you plan to reach out to the community (to fulfill CPC requirements) this next year, for example: we will update our Family Planning section of our website, etc.

### **FPAR – Family Planning Annual Report**

#### **Is FPAR submission required?**

Yes, annual submission of FPAR is required of all Title X service grantees (Kentucky Cabinet Health and Family Services, KCHFS) and their respective sub recipients (agencies contracted with the KCHFS).

#### **To whom, should FPAR be submitted?**

The FPAR submission should be submitted to the Kentucky Family Planning Program (FPP) Director at the following email addresses: [family.planning@ky.gov](mailto:family.planning@ky.gov)

#### **When is the FPAR report due to be submitted?**

The final date for the FPAR to be submitted is January 31 of each year. It is strongly encouraged to submit early as possible. Early submission will allow any clarifications of data before Family Planning submits data to the Office of Population Affairs (OPA).

#### **What data does the FPAR include?**

The FPAR submitted by January 31 of each year will include all data for family planning clients served during the previous calendar year (January 1 – December 31). The exception is when new sub recipients shall report from the date their contract began to December 31.

#### **What time period should the report include if our contract did not begin on January 1?**

FPAR should include data for all family planning clients served from the *date the contract began* to December 31.

#### **How do we submit the FPAR report?**

FPAR reports may be submitted via email: [family.planning@ky.gov](mailto:family.planning@ky.gov).

#### **Do we only submit on unduplicated family planning clients that are reimbursed with Title X funds?**

No, any unduplicated family planning client regardless of payer source will be counted in your FPAR numbers.